CLAIMS ONLY			Application Number 10-720795		Filing Date
			Applicant(s)		

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
①							51							
2							52							
3							53							
4							54							
5							55							
⑥							56							
7							57							
8							58							
9							59							
10							60							
11							61							
12							62							
⑬							63							
14							64							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	3						Total Indep							
Total Depend	17						Total Depend							
Total Claims	20						Total Claims							